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TAGS: [KHIV](#) [TSPL](#) [OSCI](#) [TBIO](#) [KSCA](#) [US](#) [ZI](#) [HIV](#) [AIDS](#)

SUBJECT: Fall in Zimbabwe's National HIV/AIDS Prevalence  
Estimate

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Summary  
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1. The "Zimbabwe National HIV/AIDS Estimates 2005" will be officially released November 30 2005. The study's key finding is that the estimate of HIV/AIDS prevalence in adults (aged 15 to 49 years) was 20.1% in 2005, substantially lower than the 2003 estimate of 24.6%. The new figure represents a true decline in Zimbabwe's HIV prevalence rate, the first such national decline in a Sub-Saharan African country since Uganda in the mid-1990s. Review of other data suggest that behavioral changes appear to be at least part of the answer. While the estimated adult prevalence of HIV/AIDS is decreasing, it still remains alarmingly high and intensive external support from the U.S. and other donors will continue to be needed. End Summary.

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National Estimates Show Fall in Prevalence Rate  
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2. Zimbabwe National HIV/AIDS Estimates 2005 will be officially released by the Ministry of Health and Child Welfare (MOHCW) November 30 2005. A preliminary report will also be distributed, with dissemination of the full report expected by late February/early March 2005. The study provides estimates of the prevalence rate, the number of persons living with HIV/AIDS, the number of HIV/AIDS orphans, the number of new cases of HIV and AIDS, and the number of AIDS-related deaths.

3. The study's key finding is that the estimated HIV/AIDS prevalence in adults (age 15 to 49 years) in Zimbabwe was 20.1% in 2005, with a range from 17.0 to 23.5%. The 2003 study reported an estimated adult HIV/AIDS prevalence in Zimbabwe of 24.6%. This reflects a true decline in the proportion of Zimbabweans with HIV/AIDS and is supported by data from the 2000-2004 Antenatal Clinic Surveys and the ZVITAMBO clinical trial. This represents the first such decline in the prevalence rate of a sub-Saharan African country since Uganda in the mid-1990s.

4. Other estimates included in the report were as follows: an estimated 1,391,397 Zimbabweans age 15-49 years were living with HIV/AIDS in 2005, of whom 780,000 were women; an estimated 1,050,000 HIV/AIDS orphans (age 0 to 14 years) were living in Zimbabwe at the end of 2005; an estimated 131,370 new HIV infections and 134,990 new AIDS cases occurred among adults age 15 to 49 years in 2005; an estimated 26,610 new HIV infections and 29,4670 new AIDS cases occurred among children age 0 to 14 years in 2005. Finally, the number of AIDS-related deaths during 2005 was estimated to be 139,950 among adults and 29,150 among children.

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Background on the Study and U.S. Role  
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5. "Zimbabwe National HIV/AIDS Estimates 2005" was locally-produced in Zimbabwe, by a working group including MOHCW, Centers for Disease Control and Prevention (CDC)-Zimbabwe, the University of Zimbabwe, the Biomedical Research and Training Institute/Imperial College of London, the World Health Organization (WHO) and UNAIDS. Data from HIV surveillance at sentinel antenatal clinics was used to produce HIV prevalence curves using the Estimates and Projection Package (EPP) software. The HIV/AIDS estimates were generated using the software package Spectrum. Zimbabwe will continue to conduct antenatal clinic surveillance at the same antenatal clinic sites as in previous years in an effort to obtain the most accurate trends and estimates possible, and will continue to examine the antenatal clinic data and other data sources such as the nation-wide population-based Zimbabwe Young Adult Survey and the Zimbabwe Demographic Health Survey Plus to validate and

interpret the estimates.

16. CDC-Zimbabwe has provided intensive technical assistance to MOHCW in conducting HIV surveillance at sentinel antenatal clinics since 2000, in analyzing this data to form the basis for the new estimates, and in coordinating working group efforts to generate the estimates and produce the final estimates report. CDC-Zimbabwe and CDC-Atlanta also provided technical expertise in methodology and training in analytic software packages. CDC-Zimbabwe financial and technical investments in developing the MOHCW informatics infrastructure and the University of Zimbabwe Informatics Training Unit contributed greatly to this process, and additional financial support was provided for supplemental trainings and printing/publication of the report for widespread dissemination.

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Behavioral Changes Appear Key  
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17. The estimates reflect the trends in HIV prevalence, but not the reasons the trends are occurring. Testing of stored samples from 2000-2004 antenatal surveys and 2001 and 2005 population-based surveys for HIV incidence (new infections) later this year will provide further insights into the pattern of recent declines. Review of other existing epidemiological data by MOHCW, the Imperial College of London, UNAIDS, and CDC-Zimbabwe suggests that mortality from HIV/AIDS has stabilized and that behavior change (increased condom use, delay in first sex by young women) starting in the late 1990s is at least partially responsible for the decline. The results of the second population-based survey including behavioral indicators and HIV biomarkers are expected in 2006, which will allow comparisons of behaviors in 2001 and 2006 and hopefully confirm the key role of behavior change in the declining prevalence rate.

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Need For Continued Assistance  
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18. The 2005 estimates will be used to monitor Zimbabwe's progress towards the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and the Millennium Development goals. They were shared with UNAIDS and WHO for inclusion in the "Report on the Global HIV/AIDS Epidemic 2005," which was released on November 21 2005. The data in the report will also be used nationally and locally to assist in planning for prevention and treatment services and to raise awareness of the differences in HIV/AIDS prevalence, new HIV infections, new AIDS cases, and AIDS deaths by gender and in HIV/AIDS prevalence by area of residence. The MOHCW plans to use the Zimbabwe Demographic Health Survey Plus data to confirm the prevalence rate.

19. Despite the good news contained in Zimbabwe's second nationally produced study of HIV/AIDS estimates, the scale of the pandemic in Zimbabwe is still enormous. Over 1.6 million people and 20.1% of the adult population are living with HIV/AIDS in Zimbabwe, alarmingly high figures. Additional interventions for HIV/AIDS prevention and treatment are greatly needed to minimize the devastating impact of this disease on Zimbabweans. We are optimistic that continued USG assistance to HIV/AIDS programming in Zimbabwe can help ensure that this declining trend is maintained.

Schultz